

**Bedford Borough Safeguarding Children Board,
Central Bedfordshire Safeguarding children Board & Luton Safeguarding
Children Board**

Working together to safeguard children



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Joint protocol for working with parents or carers with learning or physical disabilities

'the problems we face are because there is a perceived contradiction between being a parent and being disabled, as if you can't actually be both' (disabled mother)

'I'm disabled, I'm a parent – but never the twain shall meet. The two services argue and I'm left in the middle' (disabled mother)

**Supporting Disabled Parents: A family or a fragmented approach
Commission for Social Care Inspection 2009**

1. Introduction

This document has been developed to ensure that practice across Bedford Borough, Central Bedfordshire and Luton in relation to vulnerable adults who may, or may yet be diagnosed with an identified disability is better co-ordinated, founded on a shared value base, and has managerial support.

Parents with difficulties, including identified disabilities can sometimes fall through the gap for provision of services for children and the provision of services for adults, thus integrated working between adult health and social care and children, family and parenting services is essential to improve children's wellbeing and enable children to live with their parents (as long as this is consistent with their welfare and safety).

The findings of the recent local Serious Case Review in Luton have informed the development of this protocol. It is therefore very important for practitioners to consider that a parent may have a difficulty, or disability that impacts on their ability to meet the needs of their child and may meet the threshold for support or intervention from Adult Services, prior to, or alongside any formal assessment process and this must not be overlooked.

2. Purpose of the protocol

To provide a joint framework to support adults who have or may yet to have an identified diagnosed disability in their parenting role and to enable the needs of children to be met within their families where possible.

The protocol seeks to establish an integrated and co-ordinated approach towards supporting the whole family, as well as individuals within it, and ensuring the safety and well being of children. It recognises the importance of early intervention to prevent families reaching crisis point and the need to work in partnership with families and between agencies at the earliest opportunity. No child or young person's life should be unduly disadvantaged as a result of having a disabled / ill parent. No disabled / ill parent should be obliged to rely upon a family member for inappropriate levels of assistance or for help with inappropriate tasks. Further guidance is available on the LSCB websites, to support professionals working with parents/carers with mental health, or substance use problems.

Disabled people encounter more barriers to participation than their non-disabled peers and as parents they are more likely to be affected by inflexibility in service provision than their disabled peers who are not parents.

Thus this protocol needs to work towards removing barriers of access, communication, stigma and discrimination (whether arising by intention, effect or omission)

3. Scope of the protocol

This protocol applies to all those working with adults, children and families in Bedford Borough, Central Bedfordshire and Luton.

This protocol should be read in conjunction with:

- Direct Payments Guidance (2002)
- Fair Access to Care Service Practice Guidance (2002)

- Framework for the assessment of children in need and their families (2000)
- Local parenting and family support strategies and Think Family guidance
- LSCB protocols pertaining to substance misuse (2010), adult mental health (2011) and domestic abuse
- National Carers Strategy
- National Service Framework for children, young people and maternity services (2004)
- National Service Framework for long term conditions
- Putting People First (2007)
- Valuing people (2001) and Valuing people now (2009)
- Working together to safeguard children (2010)

The legal framework for this protocol is the:

- Carers Act (2004)
- Children Act 1989 and 2004
- Equality Act 2010
- Human Rights Act 1998

Principles

The following principles underpin both the protocol and best practice in relation to supporting disabled parents:

1. The well being of children and their families is best served by a multi-agency approach where different services work effectively together
2. A child's needs and safety are paramount. Under Section 10 and Section 11 of Children Act 2004, all statutory agencies have a duty to co-operate and a duty to promote the welfare of children
3. No child or young person's life should be unduly disadvantaged as a result of having a disabled / ill parent.
4. Children are best placed within their families and support should be provided to enable this wherever possible and in the best interests of the child
5. Family life and positive parenting should be supported
6. Families should be supported to have control over their own lives and be able to support and care for one another
7. Families should be involved in decisions being made about them
8. Families should know what they can expect from each agency and the procedures for addressing any issues that may arise
9. Adults with learning and physical disabilities should have their needs as parents recognised
10. Disabled parents have the right to be supported in a non-judgemental way that enables them to fulfil their parenting responsibilities
11. Information about referral and assessment procedures, including thresholds and timescales should be freely available
12. Information should be accessible and shared in a timely manner to support the parenting role
13. No disabled / ill parent should be obliged to rely upon a family member for inappropriate levels of assistance or for help with inappropriate tasks.
14. The impact of disabilities on parenting and children needs to be acknowledged and understood
15. Services should promote social inclusion for all users

4. What do we know about disabled parents?

- 1.7 million (12%) of parents are disabled – 1.1 million households with dependent children (Morris and Wates, 2006)
- Based on the above information we can estimate that there are 3,556 disabled parents in Bedford Borough, 6,562 in Central Bedfordshire and 5,561 in Luton (Census 2001)
- People with physical impairments are more likely to develop mental health problems (Morris J 2004)
- In the UK an estimated 7% of adults with a learning disability are parents. Evidence suggested that since the early 1990's the number of children born to parents with a learning disability has risen by more than 40% (Mencap: research by Prof. Eric Emerson and others)
- In 60% of cases where parents have a learning disability, their children live at home with them
- Disabled adults are less likely to be employed and twice as likely to live on low income as non-disabled adults – a gap that has grown in the last the last 10 years (Palmer et al, 2006)

4.1 Their support needs:

'Think Parent: Supporting Disabled Adults as Parents' (NFPI 2004) cites the following as areas of need, from both the perspective of disabled parents themselves and also professionals:

- Practical information on child care issues and equipment
- Information on rights to services
- Information about the effects of impairment on pregnancy
- Information on good professional practice
- Information about peer support

4.2 Young Carers:

- National data identifies 139,00 young carers (Census 2001)
- Over 10,000 young carers are providing 50+ hours caring a week
- One study found that young carers were most commonly caring for parents with physical health conditions (50%) with 29% caring for someone with a mental health problem, 17% with learning disabilities and 3% with sensory impairments (Dearden and Becker, 2004)
- Not all children in families where a member has a disability will necessarily be young carers

5. Definitions: for the purpose of this joint working protocol

Carers: Carers are people who provide unpaid support to relatives, partners, friends or neighbours who are ill, frail or disabled or who have a mental health or substance misuse problem. Carers can be people who have parental responsibility for a child with a disability. Children & young people aged under 18 who have a caring role are Young Carers. Those who provide substantial care on a regular basis have a right to request an assessment of their needs as a carer, even if the person they care does not want an assessment or social services. Young Carers are children in need and assessed under the Children's Act using the Common Assessment Framework. Following an assessment, carers may receive a service to help them in their caring role or to take a break. For carers aged 16 and over, this can include a Direct Payment.

Child: Under the Children Acts 1989 and 2004 a child is defined as anyone who has not yet reached their 18th birthday.

Child in Need: A child should be taken to be in need if he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development and his/her health or development is likely to be significantly impaired or further impaired without the provision for him/her of such services (Section 17(10), Children Act 1989).

The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. Under Section 3 (9) of the Children Act 1989, amended by the Adoption and Children Act 2002: 'harm' means ill treatment or the impairment of health or development, including for example; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill treatment' includes sexual abuse and forms of ill-treatment that are not physical. Under Section 31 (10) of the Act: where the question of whether harm suffered by a child is significant turns on the child's health and development, his or health and development shall be compared with that which could reasonably be expected of a similar child.

Disabled person: 'anyone with a long term health problem or disability which has a substantial and long term adverse effect on the ability to carry out normal day to day activities' (Equality Act, 2010).

Disability: Disability is the loss or limitation of opportunities for people with impairments to take part in society on an equal basis with others due to social and environmental barriers. Impairments of individual medical conditions of any kind, whether they have resulted from injury, illness or birth become a disability because of the social and physical barriers that the individual faces. The understanding of disability is therefore about civil and human rights and responsibilities and removing the barriers to independence and equal opportunities faced by disabled people (taken from Oxfordshire Interagency Policy for parents with disabilities).

A learning disability is caused by the way the brain develops. It is lifelong and usually has a significant impact on a person's life. Learning disability is not mental illness or dyslexia. People with a learning disability find it harder than others to learn, understand and communicate. (Mencap)

Impairment: a loss or abnormality that may be obvious or hidden, long or short term (derived from World Health Organisation).

Parents: In this protocol when we refer to parents we mean 'mothers, fathers and other adults with responsibility for caring for a child, including families and friends, carers and those caring for looked after children' (DCSF 2010), we also recognise that some parents are still children.

Parenting Capacity: 'parenting capacity is the ability to parent in a 'good enough' manner long term' (Conley, 2003). It includes the capacity to provide basic care, ensure safety, emotional warmth, stimulation, guidance and boundaries and stability. Further details are outlined in 'The Framework for the Assessment of Children in Need and their Families' (2000).

Young Carers: Young Carers are children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care,

support or supervision (Reference: Becker, S. (2000) 'Young Carers'. In Davies, M. (ed) The Blackwell Encyclopaedia of Social Work. Oxford: Blackwell Publishers Ltd, p.37

6. Roles and responsibilities of professionals across Adult Services, Children, Parenting and Family Support Services

The needs of families incorporating disabled / ill parents can become apparent through many different routes and at different stages of their children's lives / parenting life cycle. Professionals working within whichever service first comes into contact with the family have a duty to ensure that each member of the family's needs is addressed through the appropriate routes, whether that is through statutory health and social care services or in the case of lower levels of need, universal and early intervention services.

Working together to support disabled parents (SCIE 19) helpfully identifies four broad principles surrounding the respective responsibilities of adult and children's social care.

1. Adult services have lead responsibility for assessments and care planning where there are no safeguarding concerns and where a parent needs assistance with the routine tasks of looking after children to prevent inappropriate caring roles developing
2. Children's social care have lead responsibility for assessment and planning with specialist input from adult social care where intervention is required to prevent children suffering significant harm or where children's needs are complex; or where there is a disabled child in the family or where the children have taken on inappropriate caring responsibilities
3. Where there are safeguarding concerns about children. Adult social care should be involved and be asked to consider the need for community care services to reduce the impact on young carers as part of the overall approach to assessment
4. Adults and children's services share joint responsibility to co-ordinate assessments and care planning where parents need support for the medium to long term to enable them to meet their children's developmental needs and reduce the need for age inappropriate caring responsibilities by children continuing or developing.

7. Identification

Professionals working with parents / carers with disabilities have a duty not only to the adults, but also to any children they may have in order to ensure that their needs are identified and that any risks and or support needs are addressed by the appropriate team. Identification of need should start from when a pregnancy is confirmed.

Adult Social Care have a statutory responsibility when responding to a referral for community care services to check whether the person has parenting responsibilities for a child aged under 18.

Children, family and parenting services should identify whether a family member has a disability or a long term health condition and whether they are in receipt of support from Adult Services, and in the case of learning disabilities determine early on whether a specialist assessment is required through South Essex Partnership University NHS Foundation Trust (SEPT).

8. Signposting

Parents with disabilities need to be given the message that it is not unusual to require support with parenting at different stages of their children's lives from birth through to transition to adulthood. Services should take steps to ensure that people with disabilities who are or are about to become parents are signposted / referred to agencies that have the knowledge and access to the support available.

Parents may find this difficult unless information, communication and support is made accessible to parents with disabilities and is made available in relevant settings e.g GPs, day centres, colleges, supported housing etc.

This approach is consistent with the Healthy Child Programme which seeks to reduce health inequalities and meet the needs of the most at risk children, young people and families through a progressive universal model.

Families should also be made aware of their entitlement to an assessment of need either through Fair Access to Care Services (FACS), Children's Social Care or through the Common Assessment Framework (CAF).

If at any time a professional is concerned about the welfare and or safety of a child they should make an immediate referral into Children's Social Care.

Similarly if at any time a professional is concerned about the welfare and or safety of an adult they should contact the Safeguarding Adults Helpline.

9. Information Sharing

Good information sharing is a crucial element of successful interagency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate and up to date information, thus improving outcomes for clients. The key points to remember are:

- Information should be shared on a 'need to know' basis when it is in the best interests of the service user(s)/family
- Consent should be obtained but this requirement may be overridden if adults or children are at risk

The 'seven golden rules of information sharing' act as a useful guide:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further guidelines can be found in the Bedford Borough, Central Bedfordshire and Luton safeguarding procedures and Information Sharing Protocol, these dovetail with the Government Guidance, 'What to do if you are worried a child is being abused' that all staff need to be familiar with. All documents are available on local LSCB websites: www.bedfordshirelscb.org.uk for Bedford Borough and Central Bedfordshire and www.lutonlscb.org for Luton

10. Referrals

Both Adult and Children's Services can request support from each other's services (Adult Learning / Physical Disability Teams or Children's Social Care) if there are concerns about the impact of a learning difficulty and, or learning disability or physical disability on parenting capacity.

10.1 Referrals to Adult Services

Adult Social Care utilise the **Fair Access to Care Services (FACS)** and are able to provide support where an individual meets the substantial or critical criteria.

10.1.1 Fair Access to Care Services Criteria

Critical:

- People are unable to carry out vital personal care tasks
- Life is or will be threatened
- Serious abuse or neglect has occurred or will occur
- The issue may need statutory advocacy – IMCH or IMHA

Substantial:

- People are unable to carry out most personal care tasks
- Abuse or neglect has occurred or will occur
- Most family or social roles cannot be undertaken
- The issue impacts and impedes the person and causes them significant difficulty

Moderate:

- People are unable to carry out several personal care tasks
- Several work or educational roles cannot be maintained
- Several family or social roles cannot be undertaken
- The issue impacts on the person and causes them difficulty

Low:

- People are unable to carry out one or two personal care tasks
- One or two family or social roles cannot be undertaken
- The issue impacts on the person but does not cause difficulty

10.2 Referrals to Adult Learning Disability Teams (ALDTs)

If the children and family team have concerns about the impact of a learning disability on parenting capacity, they can request an assessment from ALDT. Consent from the adult would be required. This must be in writing to the team duty officer if the case is not known or does not have an allocated social worker, delivery by post, fax or email are all acceptable. Many parents with learning disabilities fall below the threshold for provision of support via adult social care or may not want to agree to support to which they might be eligible.

Adult Learning Disabilities Teams (ALDTs):
Bedford Borough Duty Desk: 01234 228312
Central Bedfordshire Council Duty Desk: 0300 300 8100
Luton Duty Desk: 01582 547775/7469

10.3 Referrals to SEPT Learning Disabilities Service

SEPT (Beds and Luton) Services for People with Learning Disabilities team (SPLD) accept referrals for cognitive/adaptive functioning assessments if there is a need to establish whether a person is eligible by nature of their Learning Disability to access services within SPLD/Intensive Support Team/ Forensic Community Treatment Team, or if this will enable them to access other services such as social, educational or housing support.

The service does not, however, carry out cognitive/IQ assessments in isolation in relation to parenting, as there is no clear link between parenting ability and Learning Disability unless the person has quite a significant degree of Learning Disability (Andron and Tymchuk, 1987; Dowdney and Skuse 1993), and as parenting ability is not best assessed or predicted by looking at intellectual ability alone, but rather through a far broader and more practically based assessment, which may include an assessment of life skills, resources, and support and child-care skills (McGaw et al., 1999) This type of assessment is not within the remit of SPLD.

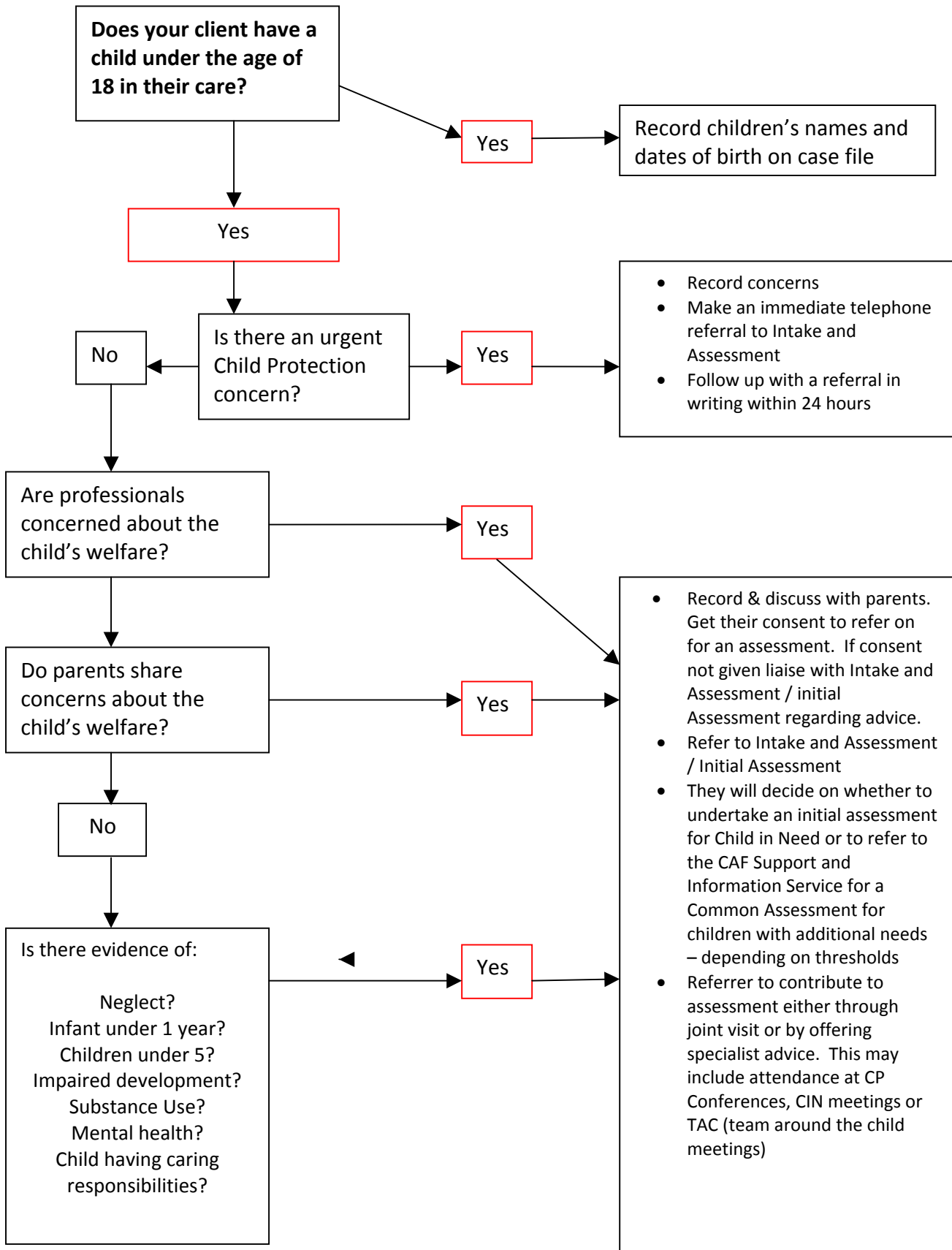
SEPT:
Services for People with a Learning Disability
Twinwoods Clinical Resource Centre
Milton Road, Clapham
Bedfordshire MK41 6AT
Tel: 01234 310617

10.4 Referrals to Adult Physical Disabilities

Referrals are made to the duty worker in the Physical Disabilities Team. The parent, carer, family, friend or professionals, can make the referral with the parent's consent. Referrals can be made by phone, letter, fax or email. The criteria for the Physical Disabilities Team is people with a physical disability, sensory impairment or long term illness.

Adult Physical Disabilities Teams (APDTs):
Bedford Borough Duty Desk: 01234 228328
Central Bedfordshire Council Duty Desk: 0300 300 6449
Luton Duty Desk: 01582 470940

10.5 Referrals to Children’s Social Care



**Children’s Social Care
Initial / Intake and Assessment**
Bedford Borough: 01234 267422
Central Bedfordshire: 0300 300 8123
Luton: 01582 547653

CAF support and information team
Bedford Borough: 01234 267422
Central Bedfordshire: 0300 300 8119
Luton: 01582 546000

If a professional has concerns about the safety of a child they should speak to their manager or other lead professional (i.e. named Professional for Safeguarding Children) and make an immediate referral to the Initial / Intake and Assessment team. The referral should be followed up in writing within 24 hours. The parent or carer should be informed of the referral unless there are concerns, for example, if the child protection investigation or the future safety of the child could be compromised.

11. Assessment

There is an increased likelihood of improved outcomes if individual and family needs are addressed simultaneously. Therefore it is important that assessments engage, seek input from and involve other professionals – piecing together a picture of the family as a whole – in some cases corroborating this information via other sources.

Information about the assessment process and services available for parents should be available for parents, children and professionals. This should be published and disseminated widely and in an accessible format.

Disabled adults have the right to ask for an assessment of their health and social care needs and if they have parenting responsibilities for a child under 18, the assessment should cover the ability to meet a child's needs as well as their own personal needs and the support needed to carry out these tasks.

Examples of support may include:

- help to care for a baby in the home, e.g at bath time
- special equipment, like adapted pushchairs
- changes to home
- help with getting child ready for, and to nursery or school

The assessment process should take into account the combination of impairment and parenting responsibilities within the overall context of the individual family's circumstances as this may generate a higher degree of need than a personal assessment of the disabled adult alone.

Parents and children should receive copies of assessments in formats accessible to each individual

11.1 Adults with Learning Disabilities

ALDT and the specialist clinical learning disabilities directorate of SEPT can assist in working with parents to assess:

- Capacity to make decisions under the Mental Capacity Act
- Where parents may have difficulty engaging in services due to limited intellectual capacity
- Signposting to supportive advocacy services for the adult carers

11.1.1 Adult Learning Disabilities Team

When doing an assessment the Adult Learning Disability Team will give consideration to a person's coping skills and assessment under Fair Access to Care guidelines.

Following assessment a decision will be made as to whether the person's needs are eligible under the Fair Access to Care Services criteria. Should the person not be assessed as eligible, information and advice will be provided on any alternative services which may be appropriate.

Recommendations from the assessment undertaken may include specific approaches, methods of communication and/or reference to appropriate agencies. Where eligible needs are identified, the individual will be supported to complete a Support Plan and appropriate services may be commissioned to meet their needs/desired outcomes. Every opportunity would be explored to ensure that someone could be as independent as possible and access universal and targeted services.

Should the person be assessed as lacking parenting capacity this decision may be made following a Best Interests assessment by the referrer.

11.1.2 SEPT Learning Disabilities Service

A learning disability is usually formally diagnosed by a medical practitioner or a psychologist. Assessments are conducted on an individual basis and cover a comprehensive assessment of a person's ability, coping and self help skills. The assessment also includes consideration of their developmental history.

The local specialist health learning disability services (SEPT) would be an appropriate port of call for anyone seeking such an assessment.

11.2 Adults with Physical Disabilities

11.2.1 Adult Physical Disabilities Team

Following an assessment a decision will be made as to whether the person's needs are eligible under the Fair Access to Care Services criteria. Should the person not be assessed as eligible, information and advice will be provided on any alternative services which may be appropriate.

The assessment process completed explores their holistic needs, including their support needs in relation to their parenting role.

The assessment process completed with people can indicate that an assessment is needed for a child as a young carer, in which case we will make a referral to the Young Carers Scheme. The assessment can also indicate that a family member / friend, will be entitled to a Carers Assessment. If this is the case APDT can offer to complete the assessment

11.3 Children

11.3.1 Children's Social Care

If a child is identified as 'in need' under Section 17 of the Children Act 1989 or at risk of harm under Section 47 of the Children Act 1989 and the parent is known to have a disability Children's Social Care will be responsible for leading on undertaking an initial assessment and/or Core Assessment – it would be beneficial for Adult Learning Disabilities / Physical Disabilities Team to attend alongside Children's Social Care to enable a more comprehensive joint assessment to be undertaken as the issues around the parent/carers ability to meet the needs of the child/ren will need to be assessed taking into account parental disability. CSC workers are not experts in this field and therefore the cooperation and expert input of Adult Health and Social Care colleague is both valuable and essential.

Initial assessments are completed in 10 working days from the date of referrals and the information is recorded on the electronic database. Other services, including ALDT, APDT and SEPT are required to provide support with initial assessments as appropriate.

11.3.2 Care Leavers

Professionals will need to consider the needs of a young person who was Looked After by the Children's Services and is now a vulnerable care leaver who is, or about to become a parent (as was the case in a recent Serious Case Review of Child B in Luton). The additional needs arising from their vulnerability should be identified within the Leaving Care Plan before the end of their eligibility for leaving care services and referred to the appropriate Adult Services.

11.4 Health Services

11.4.1 Pre-birth assessments

Pregnancy can create special circumstances/influences for both parents, which need to be accommodated and understood by all professionals who come into contact with these families, as it may have a major impact on some people's lives and will affect both behaviour and relationships. It is recognised that pregnant women's health and their responses to external factors often change in pregnancy and the physiological, emotional and social influences that both cause and are affected by these changes can have a direct impact on their behaviour and health and how they manage in key relationships.

Guidance and resources are available to support professionals to work together and identify and address the need of the parents and unborn child such as the "Unborn Children: A Framework for Assessment and Intervention" (*Calder, M. 2003*).

If at any point it is assessed that the unborn child needs are not, or will not be met prior to, or following the birth, professionals should refer this to the appropriate service in accordance with 3.4 of this document and other relevant guidance.

12. Planning, provision of and review of support

The family should be involved at all stages of their support from planning, through to implementation to review, and professional should minimise the use of jargon, present information in an accessible way and check that all individuals have an understanding of proceeding and decisions made

On occasions the interventions provided by Children's Social Care may be short term in nature, with a social worker acting as lead professional for the co-ordination of a multi-agency support package and moving the family into community services for longer term involvement, and the interventions of Adult Social Care long term, however this is not always the case. Practitioners need to understand the context to each other's professional practice.

12.1 Families where a child has been identified as Child in Need or subject to Child Protection plan

In cases where a parent has a disability and their child has identified additional needs (either through CIN or CP) both Adult and Children's Service will hold respective responsibility for the support plans. The support plans and associated costs will be agreed through application to the respective commissioning panel.

Case responsibility and decision making accountability for the child will remain with Children's Social care.

Child in Need and Child Protection Plans will be reviewed regularly and should focus on whether the child's developmental needs are being met and as the child's needs change the plan should change to reflect this. Input from Adult Services will be essential at these meetings and parents should be given the opportunity to bring along someone who is able to be their advocate and offer support.

No major decisions (such as the removal of children, closure of case) should be made without the consultation of all services involved, unless an urgent response or intervention is required. In these circumstances other parties should be informed as soon as possible. Adult services should also be informed if a child is being returned home following a period of being in care or accommodated to enable successful reintegration.

12.2 Families where a child is not identified as Child in Need or subject to a Child Protection plan

When the parent/carer has disability eligible needs in respect of a learning or physical disability in their own right and the child is not identified as a CIN or subject to a CP plan then support to the parent / carer will remain the responsibility of the ALDT or APDT team and the teams can support their clients to access early intervention support through the CAF support and Information Service / Family and Youth Information Service.

12.3 Funding support for parenting tasks

Disabled parents have reported disputes between children and adult's social care services about who is responsible for funding the support they need with carrying out parenting tasks (Morris, J. 2003 and Wates, M. 2003).

Disabled adults have the right to ask for an assessment of their health and social care needs if they have parenting responsibilities for a child under 18, the assessment should cover the ability to meet a child's needs as well as their own personal support needs and the support needed to carry out these tasks.

Adult services would provide funding to support the parent in their parenting role to undertake specific tasks, for example a mother with brittle bones receives funding for a personal assistant via a direct payment to dress her children etc.

Children's Services would be responsible for providing support in relation to the child's developmental needs. If the child is a child in need or in need of protection then funding could be explored to support the child's developmental needs, however if the child did not meet the threshold for child in need / child protection then early intervention support would be considered for the child through a CAF assessment.

13. Service user feedback and service improvement

Adults and children (where appropriate) should be advised as to how to make representations or complaints about any part of the assessment and care planning process and be supported to do so if necessary.

Appendix A: Preventing inappropriate caring

The first aim of adults' and children's services should be to ensure that people with disabilities do not have to rely on the inappropriate caring role of a child. Until this is achieved, support should be given to young carers and their families to reduce the impact of the caring role on the child.

At all stages of this process consideration should be given to whether there is a child taking on caring responsibilities.

'A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances'
Reference: Frank J. and McLarnon J. (2008). Key Principles of practice of Young carers and their families. The Children's Society

If there is a child taking on caring responsibilities there needs to be a process to assess or review the needs of the family member being cared for.

Giving inappropriate levels of care can affect a child's physical and emotional well-being and person, social and educational development. This will vary according to a child's age, level and impact of caring, and therefore only a good assessment can identify when interventional and additional support for the child is needed. Timely assessment of both the person who needs care and the whole family could prevent a child undertaking inappropriate levels of care in the first place.

Identifying when caring has reached a point where it risks or has become "inappropriate" for young carers is principally a matter for assessment of whether the family or young person need more formal support.

Consideration should cover the impact of the tasks and roles being undertaken in relation to the seven dimensions of developmental needs outlined in the Framework for the Assessment of Children in Need and their Families 2000. In general, if the caring role and responsibilities are having an adverse effect on the young carer's education or ability to form friendships or undertake social activities and pursuits, this would be an indicator that the situation is inappropriate and an assessment and possible alternative care support is indicated. This involves having regard to what is done, why, its impact, how often and the extent to which the young person has sole or unsupervised responsibility for an activity which might usually fall to an adult. In making this judgment account needs to be taken of the perspectives of both the young carer and their parent and any tensions between them. Identifying activities that are "inappropriate" is not always easy. It requires taking account of the expectations, commitment and competence of the children and young people involved. Key areas for assessment are the emotional pressures and social impacts on young carers in providing support or "looking out" for the person they are concerned to help and in sustaining their family as a family.

Appendix B: Support Services

Advocacy

An advocate can be a voice for parents supporting the links between families and services. All workers providing services to families act as advocates, since it is a central aim of caring to promote adult and children's rights and independence and to make sure their needs are met as far as possible. Family members also have the right to an independent advocate:

- If the child of the parent with a disability is involved in child protection enquiries or in care proceedings the parent would be helped to find independent advice and advocacy
- If independent advocacy is not available, parents should be encouraged to involve a friend, relative or member of the local community to support them through the process
- The use of advocacy must be consistent and fair. This means that if an advocate attends a child protection conference they should also attend subsequent core groups
- The use of an advocate would never take away the responsibilities of social work and other professionals

Childcare

All 3 and 4 year olds are also able to qualify for 15 hrs of free childcare per week. There is also 10 hrs of childcare available per week for disadvantaged 2 year olds (specific access criteria applies).

Children's Centre Services

Children's Centres provide a full range of services for young children and their families, including integrated childcare and early learning, child and family health services, drop in sessions, outreach and family support services, parenting groups and links with JobCentre Plus for training and advice and a range of other services.

Parenting and Family Support Services

There is a range of early intervention parenting and family support services available through including group based parenting and family programmes and individual support for children and families not meeting the threshold for Children's Social Care involvement.

SEPT Services for People with Learning Disabilities Team

The team provides specialist assessment and intervention around: physical and psychological health (non GP), sensory problems, daily living activities, communication and interaction and mobility.

We also support 'Green Light' which is an initiative to support people with Learning Disabilities accessing mainstream health services whenever they are able to.

Young Carers Support

There are many local and national organisations who support young carers, services vary from organisations, support includes - one to one support, advice and guidance, advocacy and training, trips and outings, for an up to date list of services please visit the following webpage - www.centralbedfordshire.gov.uk/youngcarers
www.familyactionluton.co.uk/youngcarers
www.bedford.gov.uk